



Telephone Company

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Received & Inspected

OCT 28 2013

100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230 FCC Mail Room
217-452-3022 www.casscomm.com 800-508-5405

REDACTED FOR PUBLIC INSPECTION

Via overnight delivery

October 15, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Room 5-A225
Washington, D.C. 20554

Re: Confidential financial information subject to protective order in WC Docket Nos. 10-90, 07-0135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, before the Federal Communications Commission.

Dear Ms. Dortch,

In accordance with the annual reporting requirements of 47 C.F.R. §54.313, Cass Telephone Company (Cass) is submitting FCC Form 481 via the FCC's Electronic Comment Filing System (ECFS). Section 3005 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). In this ECFS filing, Cass has redacted confidential financial information per Protective Order, DA 12-1857.

This information was filed on line with USAC and will be filed no later than October 15th with the Illinois Commerce Commission.

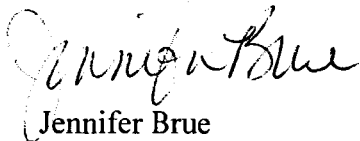
In addition, two copies of this cover letter and each page containing redacted confidential information marked "REDACTED FOR PUBLIC INSPECTION" are being filed via overnight delivery with the Secretary. Included in that delivery are a copy of the cover letter and confidential information stamped "Confidential financial information subject to protective order in WC Docket Nos. 10-90, 07-0135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, before the Federal Communications Commission."

No. of Copies rec'd 0+1
List ASODE

In addition, two copies of the cover letter and confidential information stamped "Confidential financial information subject to protective order in WC Docket Nos. 10-90, 07-0135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, before the Federal Communications Commission." are being filed with Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street S.W., Room 5-A452, Washington, D.C. 20554. This is in accordance with the Protective Order.

Please contact me with any questions you have on these filings.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jennifer Brue".

Jennifer Brue
Accounting Department
Cass Telephone Company
(217) 452-7800
jbrue@casscomm.com

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	340984	Received & Inspected OCT 28 2013
<015> Study Area Name	CASS TEL CO	
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Jennifer Brue	FCC Mail Room
<035> Contact Telephone Number: Number of the person identified in data line <030>	(217) 452-7800	
<039> Contact Email Address: Email of the person identified in data line <030>	jbrue@casscomm.com	

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 340984IL510	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 340984IL610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

Service Quality Standards Compliance

Per Subpart A, Section 730.100 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code, Cass Telephone Company is required to meet the service quality standards contained in Section 730. Subpart E of this section addresses "Standards of Quality of Service". Subpart A, Section 730.115 requires the quarterly reporting of various installation, repair and answer time data for Illinois Commerce Commission and public review.

Consumer Protection Rules Compliance

Cass Telephone Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carrier, and Federal Trade Commission Red Flag rules to prevent identity theft. A Company Manual for CPNI and Red Flags is in place and employee training is conducted annually. New hires are instructed on the programs as required by their job functions.

Cass Telephone Company (Cass) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and Subpart A, Section 730.325 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.

Description of Functionality in Emergency Situations

- 1) Cass has an emergency plan in place per Subpart A, Section 730.325(a) of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.
- 2) Cass has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3) Specifically, Cass has two wire centers. The Virginia central office has a natural gas powered generator backing up a 48 volt battery system which is capable of powering the equipment for 8 hours with no outside power source. The Easton central office has a natural gas powered generator backing up a 48 volt battery system. All remote cabinets have batteries capable of lasting 8 to 10 hours with no outside power source and are equipped with connections for a portable generator. Voice service is powered off either the serving central office or the closest remote cabinet.

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	{217} 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 340984

<015>	Study Area Name	CASS TEL CO

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Jennifer Brue

<035> Contact Telephone Number - Number of person identified in data line <030> (217) 452-7800

<039> Contact Email Address - Email Address of person identified in data line <030> jbrue@casscomm.com

<810>	Reporting Carrier	None
-------	-------------------	------

<811>	Holding Company	None
-------	-----------------	------

<812>	Operating Company	None
-------	-------------------	------

<813>	<a1>	<a2>	<a3>
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Affiliates

SAC

Doing Business As Company or Brand Designation

Cass Cable T.V., Inc.

Greene County Partners, Inc.

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com
<910>	Tribal Land(s) on which ETC Serves	N/A

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscom.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

340984IL1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

Description of Lifeline Terms and Conditions

Section 15.3 of Cass Telephone Company's ILL. C. C. No. 10 local service tariff outlines the eligibility requirements and the type and amount of support for their implementation of the Lifeline program.

Section 4.1 of that tariff describes the residential local exchange service to which the Lifeline support is applicable. This service includes unlimited local calling minutes.

Cass Telephone Company offers equal access toll calling for all Lifeline customers through available interexchange carriers (IXCs). The rates, terms and conditions of the toll offerings are made by the IXCs.

Cass Telephone Company's application for Lifeline support is attached.



Telephone Company

100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230
217-452-3022 www.casscomm.com 800-508-5405

Full Name	_____	Date of Birth	_____
Full Address	_____	Billing Address	_____
	Street and Apartment Number	if Different	Street and Apartment Number
	_____		_____
	City		City
	_____		_____
	Zip Code and County		Zip Code and County
Address is	_____ Permanent	Social Security #	_____
	_____ Temporary	Public Aid Case #	_____

Are you, your dependents, or your household a participant as of this date of application
in one of the programs listed below?

_____ Yes

_____ No

If so, in which program(s) do you currently participate?

- _____ Food Stamps
_____ Medicaid
_____ Supplemental Security Income
_____ Federal Housing Assistance Program
_____ Low-Income Home Energy Assistance Program (LIHEAP)

For which benefits do you wish to apply?

- _____ LinkUp Connect Fee Assistance (waiver of up to 50% of the initial telephone Connection fee)
_____ Lifeline Local Exchange Service Assistance (Assistance) with monthly telephone bills
_____ UTSAP Assistance (Supplemental Initial Telephone Connection Fee Assistance)

Under penalty of perjury, I confirm that I meet program-based criteria for receiving Lifeline. I will notify my provider within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including receiving more than one Lifeline benefit, or another member of my household receiving a Lifeline benefit. If I move to a new address, I will provide that address to the ETC within 30 days. I understand that a household will receive only one Lifeline service and, to the best of my knowledge my household is not already receiving a Lifeline service. The information contained in this certification is true and correct to the best of my knowledge. I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law and that I may be required to re-certify my continued eligibility for Lifeline at any time. Any failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.

SIGNED _____

TELEPHONE # _____

EXHIBIT A
ELIGIBLE TELECOMMUNICATIONS CARRIERS
LIFELINE PROGRAMS
CONSENT FORM

NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

By my signature below, I further give my telecommunication carrier permission to verify with the Illinois Department of Human Services whether or not I am entitled to public assistance benefits as of the date of this application and from time to time thereafter.

Signed Name

Date

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Blue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jblue@casscomm.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3022) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3025) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	340984IL3005

<030> Study Area Code 340984
 <015> Study Area Name Cass Telephone Company
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Jennifer Brue
 <035> Contact Telephone Number - Number of person identified in data line <030> (217) 452-7800
 <039> Contact Email Address - Email Address of person identified in data line <030> jbrue@casscomm.com

Filed as reviewed single company ☐
 Filed as reviewed consolidated company ☐
 Filed as subsidiary of reviewed consolidated company ☐

Filed as audited single company ☒
 Filed as audited consolidated company ☐
 Filed as subsidiary of audited consolidated company ☐

CERTIFICATION
 We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Henry Littlejohn 10/7/2013
 Signature Date

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
NONCURRENT ASSETS			40. Funded Debt-Rural Develop. Loan		
1. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Rescued Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
2. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
3. Nonregulated Investments			OTHER LIAB. & DEF. CREDITS		
4. Other Noncurrent Assets			47. Other Long-Term Liabilities		
5. Deferred Charges			48. Other Deferred Credits		
6. Jurisdictional Differences			49. Other Jurisdictional Differences		
7. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
PLANT, PROPERTY, AND EQUIPMENT			EQUITY		
8. Telecom, Plant-In-Service			51. Cap. Stock Outstanding & Subscribed		
9. Property Held for Future Use			52. Additional Paid-In-Capital		
10. Plant Under Construction			53. Treasury Stock		
11. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
12. Less Accumulated Depreciation			55. Other Capital		
13. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
TOTAL ASSETS (10+17+23)			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
			TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

(2005b) Operation Report for Privately Held Rate of Return Entities Income Statement - Data Collection Form Page 2 of 3		FDI Form 431 OMB Control No. 3060-0586 OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	340984
<015> Study Area Name	Cass Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

(8005c) Operating Report for Privately-Held Rate of Return Carriers
Cash Flow - Data Collection Form

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PCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010> Study Area Code	340984
<015> Study Area Name	Cass Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. 0	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

REDACTED - FOR PUBLIC INSPECTION

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	340984
<015>	Study Area Name	CASS TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035>	Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CASS TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date
Printed name of Authorized Officer:	Mike Reynolds
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	(217) 452-7800
Study Area Code of Reporting Carrier:	340984 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	340984
<015> Study Area Name	CASS TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	(217) 452-7800
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	